CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
0	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		0					71						
22		0					72						
23		1					73						
24		0					74						
25		1					75						
26		0					76						
27		0					77						
28		0					78						
29		0					79						
30		1					80						
31	1						81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	1						Total Indep						
Total Depend	30						Total Depend						
Total Claims	31						Total Claims						